

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | SD | 577 | 4/26/01 |
| RESPONSE FORMALITY REVIEW | HA | 858 | 6/28/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|------------|
| Final Original | |
| 1 | ✓ 3-2-04 |
| 2 | ✓ 10-28-04 |
| 3 | ✓ |
| 4 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

C.C.
04-27-01